

IMPORTANT LEGAL DOCUMENT

ANNUAL STREET LISTING

DETAILED INSTRUCTIONS ARE LOCATED ON THE BACK OF THIS FORM. PLEASE PRINT. If you are eligible to vote, you may register in person at any Town or City Hall in Massachusetts or by mail. If you wish to change your party designation, or for general assistance, call the Town Clerk at 978-929-6620. If we do not know your birth date, it may appear as 01/01/1900. Please correct birth date.

If there is no party information next to your name in column A, you are not a registered voter. You MAY NOT change party affiliation on this census form.

[illegible]

Yes! I'm interested in working at the polls. Name _____ Phone # _____

TOWN OF ACTON - SPECIAL INSTRUCTIONS: RETURN WITHIN TEN (10) DAYS

COMPLIANCE with this State requirement provides proof of residence, protection of voting rights, veteran's bonus, housing for the elderly and related benefits as well as providing information for your community. **This form DOES NOT register you as a voter, or allow you to change your political party. To register or change party, please obtain a mail-in registration form by calling 800-462-8683 or contact the Town Clerk. You must be a registered voter at least twenty (20) days prior to State Primaries and Elections.**

GENERAL INSTRUCTIONS: PLEASE PRINT

Please verify and/or complete all information listed on this form, then sign and date it. Make corrections as necessary.

RESIDENT ADDRESS - If your resident address is incorrect, make the change in the space to the right of the incorrect address.

PHONE NUMBER - Please print and/or verify your phone number in the indicated space. If unlisted, put an "X" in the box next to the word "Unlisted".

DELETIONS - Put a line through the name of any resident no longer residing at this address and list his/her new address. Make all changes on the SHADED line below the printed line.

A - POLITICAL PARTY - "R" for REPUBLICAN, "D" FOR DEMOCRAT, "J" for GREEN-RAINBOW PARTY and "U" for UNENROLLED. All other letters represent political party designations. This reflects the information on file and can only be updated by completing the necessary voter registration or party enrollment change form.

B - NAMES OF ALL FAMILY / HOUSEHOLD MEMBERS AT THIS ADDRESS - Includes any member of the family in Military Service, away at school or confined to a rest home. If a NEW member has been added to the family or household, enter the name and information in the space provided on the form.

C - MAIL TO - This is the designated individual to whom this form has been sent. If you wish to change your designated mail to contact, please place a "Y" next to the name of the selected individual. ONLY ONE "HEAD OF HOUSEHOLD" may be designated in order to have the entire family listed together.

D - GENDER M/F - Should be "M" for Male or "F" for Female.

E - DATE OF BIRTH - "MM = Month, DD = Day, YYYY = Year." If your date of birth is blank or incorrect, please make appropriate changes.

F - OCCUPATION - Enter occupation, not place of employment.

G - MOVED/DECEASED - If this person has moved or is deceased, please indicate with an "M" or "D".

H - NATIONALITY - If you are NOT a U.S. Citizen, please indicate your nationality.

I - VETERAN - Write a "Y" if you are a veteran of the U.S. Armed Forces.

J - PREVIOUS ADDRESS - If at current address for less than 1 yr

K - NO. OF DOGS - Number of dogs licensed to this individual.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE TOWN CLERK AT 978-929-6620

In order to license your dog(s), we will need:

1. A copy of a valid rabies certificate & certificate of spaying / neutering (DO NOT SEND ORIGINALS).
- 2a. A fee of \$20 if your dog has -not- been spayed or neutered.
- 2b. A fee of \$15 per dog for a spayed or neutered dog.
3. This form, filled out with your dog(s) information.

Please complete the information below and include your payment with the census form in the provided envelope. Checks are to be made payable to the Town of Acton. INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE TO HAVE THE TAGS MAILED TO YOU, or if it is more convenient for you, stop by the Clerk's office during normal business hours to receive your license(s). As a reminder, all dogs must be registered by 03/01. Dogs licensed after that date will be assessed a late fee of \$25. The late fee shall be in addition to the license fee indicated above.

Owner Name _____
Owner Address _____
Phone (H) _____ Phone (W) _____
Owner Date of Birth _____

Dog 1 Name _____
Breed _____ Color _____
Sex _____ Age _____ Spayed/Neutered _____
Rabies expires on _____
Vet. Name / Phone # _____

Dog 2 Name _____
Breed _____ Color _____
Sex _____ Age _____ Spayed/Neutered _____
Rabies expires on _____
Vet. Name / Phone # _____

Dog 3 Name _____
Breed _____ Color _____
Sex _____ Age _____ Spayed/Neutered _____
Rabies expires on _____
Vet. Name / Phone # _____
Dog 4 Name _____
Breed _____ Color _____
Sex _____ Age _____ Spayed/Neutered _____
Rabies expires on _____
Vet. Name / Phone # _____

Please remember to enclose copies of the rabies and spaying/neutering certificates where applicable. For more than 4 dogs, please include the additional per-dog information on a separate piece of paper. For assistance, or if you no longer own a dog, contact the Clerk's Office at 978-929-6620. Application and check will be returned without processing if information is incomplete. **This license expires 12/31**